U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1363	2. Fiscal	Year Covered From:		
		1 / 1 / 2004 Through	: 12/31	/ 2004
3. Name and address of person filing.	4. Name	, file number, and address of labor org	ganization.	
Name WILLIAM DEVITO	Name	IRON WORKERS LOCAL NO.	17	
	Labor	Organization File Number 030-59	2	
P.O. Box, Bldg., Room No., if any	P.O. E	Box, Building and Room Number, if an	у	
Street 2544 BACK 22DD CERDERE	Street	Sea on a Commentation of the State of the St		
1544 EAST 23RD STREET	Street	1544 EAST 23RD STREET		·····
Cheveland	City	CLEVELAND		
State Ohio ZIP Code + 4 44114	State	Ohio	ZIP Code + 4	44114
5. Position in labor organization. EXEC BD OFFICER/ORGANIZER				
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the excl			of the following in	terests
A. Held an interest in, engaged in transactions (including loans) with, or				
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	<del></del>	ure of Interest, Transaction, or Income		
Name	and the second s		Additional State of the Ballimotor of the Sallimotor of the Artifician State of the Sallimotor of the	min-medi festimate de
	NATIONAL PROPERTY.			COMPRESSED AND ADDRESS OF THE PARTY OF THE P
Trade Name, if any:	nollina voltoonaa			3 1
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Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	nature Perjury an	d other applicable penalties of the law lents), has been examined by the sign	, that all of the infatory and is, to the	ormation best of the
Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	nature Perjury an	d other applicable penalties of the law lents), has been examined by the sign enalties in the instructions.)	t, that all of the infeatory and is, to the	best of the

Name of Person Filing WILLIAM DEVITO		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State Ohio ZIP Code + 4	9. Business deals with:  a. Labor Organizat  b. Trust  c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	19- selements of a relative transference in the least transference of purity of the conference of the	1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 -		
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State Ohio  ZIP Code + 4	11.b. Approximate dollar valu 12.a. Nature of interest held				
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
	<u> </u>	004 RE: IRON WOR	4		
Name BOYD WATTERSON ASSET MANAGEMENT, LLC	INSURANCE BENEFIT	PLAN			
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any			Y, -		
Street 1801 EAST 9TH STREET SUITE 1400			e constitution de la constitutio		
City CLEVELAND			obidos e manuminas de la companio del companio de la companio del companio de la companio del companio del la companio del		
State Ohio ZIP Code + 4 44114-3179					
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment.		\$155		

Name of F	Person Filing	MTT.T.TAM	DESTERO

File Number U-

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any			
13.a. Name and address of Employer or Labor Relations Consultant (including	14.a. Nature of payment.			
trade name, if any).  Name ROBECO INVESTMENT MANAGEMENT	BUSINESS DINNER/RE: IRON WORKERS 17 FRINGE BENEFIT PLAN, DINNER WITH 13 ATTENDEES. PAYMENT			
	AMOUNT INCLUDES DINNER WITH MYSELF AND WIFE.			
Trade Name, if any: BOSTON PARTNERS				
P.O. Box, Bldg., Room No., if any				
Street 28 STATE STREET				
City BOSTON				
State Massachusetts ZIP Code + 4 02109				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$280			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:	1992 — According to the Control of t			
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			